

Work Order ID 112363***112363***

January-30-14 11:33:12 AM

Page 1

Item ID: D3595-063-395

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Rubber Cushion

Stop

NS2

Start Date: 1/29/14 Start Qty: 40.00

40

Cust Item ID:

Required Date: 1/30/14 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals:	Process Plan: <u>MLJ</u>	Date: <u>14-01-31</u>	Tooling:	Date: _____	Run	Start	*NR1*
QC:	_____	Date: _____	SPC (Y/N):	Date: _____	Stop	*NR2*	

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
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D3595	A	100	0.00	*100*	FLOW WATER JET	<u>40</u>	<u>0</u>	<u>Jn14-02-21</u>
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Waterjet	Memo	0.00	1-Cut as per Dwg D3595					
FLOW CNC Waterjet	Dwg Rev: <u>A</u>		Prog Rev: <u>A</u>					
<i>neo 80, 125</i>	2-Deburr if necessary							

110	QC2- Inspect parts off machine FAI/FAIB	0.00	*110*	FLOW WATER JET	<u>40</u>	<u>0</u>	<u>Jn14-02-21</u>
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QC	Memo	0.00						
Quality Control								

120	QC8- Inspect parts - second check	0.00	*120*	FLOW WATER JET	<u>40</u>	<u>0</u>	<u>Jn14-02-21</u>
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QC	Memo	0.00						
Quality Control								

130	QC9- Inspect parts - final check	0.00	*130*	FLOW WATER JET	<u>40</u>	<u>0</u>	<u>Jn14-02-21</u>
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QC	Memo	0.00						
Quality Control								

DOA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
 Scrap
 Use-as-is
 Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>
	Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>
	Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Set-up <input type="checkbox"/>
	Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>
	Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>
	Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Part Moved <input type="checkbox"/>
	Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>
	Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Other <input type="checkbox"/>
	Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	

Work Order ID 112363

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January-30-14 11:33:12 AM

Item ID: D3595-063-395

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Rubber Cushion

Stop

NS2

Start Date: 1/29/14 Start Qty: 40.00

40

Cust Item ID:

Required Date: 1/30/14 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location: X-tube

0.00

130

Packaging

Packaging

Assy

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

40

WLM 14-02-24

RL 14-02-24

(D) 14-02-24

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only 

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework	Scrap	Use-as-is	Skid-tube	Crosstube	Water Jet	Engineering		
NCR No. _____	Suspected Unapproved			Machining	Small Fab	Prod. Eng. Coor.	Quality		
				Thermoforming	Finishing	Rec/Store/Packaging	Other		
				Large Fab	Composite	Supplier			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
Bending	Bend	Folio/Program	Outside Dimensions	Pressure/Forced
Centre Not Concentric	BOM/Route	Grain	Over/Under tolerance	Set-up
Cracks	Broken/Damage/Defect	Hardware	Part Incorrect	Temperature/Cure
Crimp/Kink/Ripple/Wave	Burrs	Inspection Incomplete/Unqualified	Part Lost/Missing	Weld
Cuffs	Contamination	Instructions Incomplete/Unclear	Part Moved	Wrong Stock Pulled
Crushing	Countersink	Misaligned/off center	Positioned Wrong	
Heat Treat	Cut Too Short	Mislabeled	Power Loss/Surge	Other
Inspection Strip in Tube	Drawing	Misread		
Marks/Chatter	Drill Holes	Off-set		
Turning Sequence	Finish	Out of Calibration		
Wave/Twist in Tube	Fit/Function	Out of Sequence		

Picklist Print

January-30-14 11:33:12 AM

Page 1

Work Order ID: 112363

Parent Item: D3595-063-395

Start Date: 1/29/14

Required Date: 1/30/14

Parent Item Name: Rubber Cushion

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP Rev:A 10.11.03 as per dwg revA DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3595		Manufactured	No			100	sf	530.7004	0.0196	0.825264	1.0		Jm14-02-21

Rubber Cushion (\$ Per Sq Ft)

Location	Loc Qty	Loc Code
MAT052	530.7004	
68954	23.707	
84209	12.4134	
94539	494.58	921539

DQA: _____ Date: _____

Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order update only



Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Suspected Unapproved <input type="checkbox"/>				Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design <input type="checkbox"/>											
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Handling/Pre <input type="checkbox"/>											
Material <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Offset/Setup <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Transport <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear			General								
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function								
			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence								
			<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge								
			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled								
			<input type="checkbox"/> Other								

DART AEROSPACE LTD	Work Order:	<u>112363</u>
Description: Rubber Cushion	Part Number:	D3595-063-395
Inspection Dwg: D3595 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jm	Audited by:	Mm/	Preliminary Approval:	
Date:	14-02-21	Date:	14-02-24	Date:	

Rev	Date	Change	Revised by	Approved
A	08.01.23	New Issue	KJ/EC/DD	AA

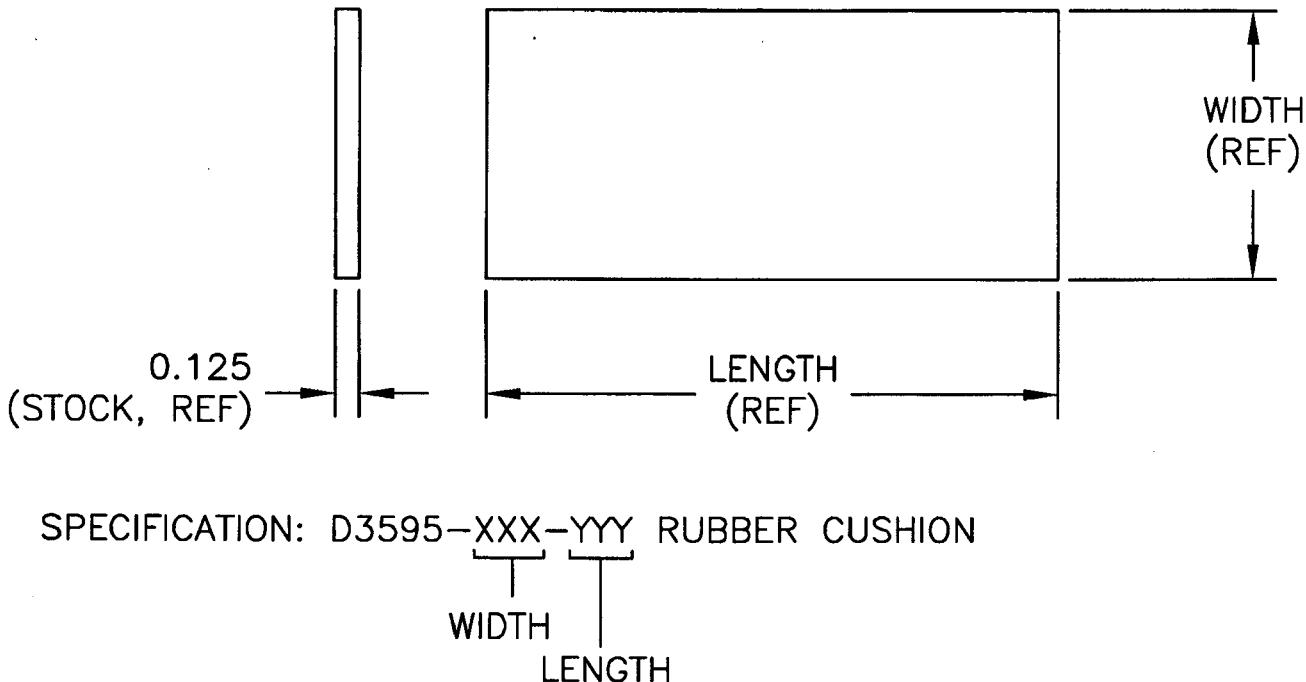


DESIGN <i>PH</i>	DRAWN BY <i>PH</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>PH</i>	APPROVED <i>PH</i>	DRAWING NO. D3595	REV. A	SHEET 1 OF 1
DATE 07.02.07		TITLE RUBBER CUSHION	SCALE	NTS
A	07.02.07	NEW ISSUE		

RELEASED

07.02.14 ~~11~~

SPECIFICATION CONTROL DRAWING



NOTES

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,
80 DUROMETER (REF DART SPEC. M-NE080-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED